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0010/PTO
Rev. 6/95

U.S. Department of Commerce
Patent and Trademark Office

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

☐ Declaration Submitted with Initial Filing OR ☒ Declaration Submitted after Initial Filing

Attorney Docket Number

H 4304 PCT/US

First Named Inventor

GAERTNER, Christine

COMPLETE IF KNOWN

Application Number

10/070,590

Filing Date

07/30/2002

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SUNSCREEN AGENT FOR ORAL ADMINISTRATION

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) **08/30/2000** as United States Application Number or PCT International

Application Number **PCT/EP00/08435** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO
199 42 774.7	DE	09/08/1999	<input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.
		<input type="checkbox"/>

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION

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I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112.1 acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
	PCT/EP00/08435	08/30/2000	

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Firm Name Customer Number or label
OR
☒ List Attorney(s) and/or agent(s) name and registration number below:

Name	Registration Number	Name	Registration Number
John E. Drach Steven J. Trzaska	32,891 36,296	Aaron R. Ettelman Henry E. Millson, Jr.	42,516 18,980

☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to:

☒ Customer Number or label

23657

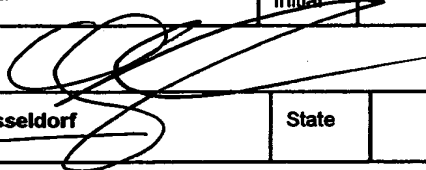
OR ☒ Fill in correspondence address below

Name	Aaron R. Ettelman		
Address			
Address			
City		State	
Country		Telephone	610-278-4930
		Fax	610-278-4971

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned

Given Name	Christine	Middle Initial		Family Name	Gaertner	Suffix e.g. Jr.	
Inventor's Signature					Date	Febr. 26, 2002	
Residence: City	Duesseldorf	State		Country	Germany	Citizenship	Germany
Post Office Address	Gotenstrasse 3						
Post Office Address							
City	40225 Duesseldorf	State		Zip		Country	Germany
						Applicant Authority	

☒ Additional inventors are being named on supplemental sheet(s) attached hereto

DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet**

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name	Wilhelm	Middle Initial		Family Name	Stahl	Suffix e.g. Jr.	
Inventor's Signature	<i>Fahr Wilhelm</i>				Date	12.3.2002	
Residence: City	Duesseldorf	State		Country	Germany	Citizenship	Germany
Post Office Address	Luegallee 6 DEX						
Post Office Address							
City	40645 Duesseldorf	State		Zip		Country	Germany
						Applicant Authority	

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name	Ulrike	Middle Initial		Family Name	Heinrich	Suffix e.g. Jr.	
Inventor's Signature					Date		
Residence: City	Wetter	State		Country	Germany	Citizenship	Germany
Post Office Address	Altarhof 6						
Post Office Address							
City	58300 Wetter	State		Zip		Country	Germany
						Applicant Authority	

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name		Middle Initial		Family Name		Suffix e.g. Jr.	
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	
						Applicant Authority	

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name		Middle Initial		Family Name		Suffix e.g. Jr.	
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	
						Applicant Authority	

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name	Wilhelm	Middle Initial		Family Name	Stahl	Suffix e.g. Jr.	
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Inventor's Signature		Date	
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Residence: City	Duesseldorf	State		Country	Germany	Citizenship	Germany
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Post Office Address	Luegallee 6
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Post Office Address	
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City	40546 Duesseldorf	State		Zip		Country	Germany	Applicant Authority	
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Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name	Ulrike	Middle Initial		Family Name	Heinrich	Suffix e.g. Jr.	
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Inventor's Signature	Ulrike Heinrich	Date	Feb. 28, 2002
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Residence: City	Wetter	State		Country	Germany	Citizenship	Germany
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Post Office Address	Altarhof 6
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Post Office Address	
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City	58300 Wetter	State		Zip		Country	Germany	Applicant Authority	
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Name of Additional Joint Inventor, if any:

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Given Name		Middle Initial		Family Name		Suffix e.g. Jr.	
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Inventor's Signature		Date	
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Residence: City		State		Country		Citizenship	
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Post Office Address	
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City		State		Zip		Country		Applicant Authority	
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☐ A petition has been filed for this unsigned inventor

Given Name		Middle Initial		Family Name		Suffix e.g. Jr.	
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Inventor's Signature		Date	
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Residence: City		State		Country		Citizenship	
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Post Office Address	
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City		State		Zip		Country		Applicant Authority	
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